ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	BT		3-13-60	
O.I.P.E. CLASSIFIER	10,1000	12/2-1	3/1/	
FORMALITY REVIEW		10803	51200	
RESPONSE FORMALITY REVIEW	17/1/10	108/231	(000)	
		1 4 5 5 5 7 T		

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Hestricted U								
Claim	Date	Claim	Date	Claim	Date			
Final Conginal		Original 51		Final Original				
2 1		52		102				
3		53		103				
4	 	54		104				
5	┤╌╏╸ ┤╴┤╶┤╴├	55		105				
7	 	57	 	106	- - - -			
8	┤┤┤┤┼ ┤┤	58	 	108	 			
9	 	59		109	-1-1 1-1			
10	 	60		110	1			
1.1		61		1-144				
12		62		112				
13		63		113				
14		64		114				
15	 	65		115				
16	 	66		116				
13	 	67		117				
18	┦═╏╏ ┞	68		118				
19	┦╌┋═┋ ┼┼┼┤	69		119				
20		70		120				
21 22	┦┈┾╌╬╌╏ ╶┦╴┞	71 72		121	++++			
23	+++++++++++++++++++++++++++++++++++++++	73		123				
24	╎╎╏╸ ┼┤	74	- 	124	++++			
25	╎╎╏ ┼┼┼┼┼	75		125	 			
26	 	76		126	 			
27	 	77	- - - - - - - - - - 	127	 			
28	 	78		128	 			
29		79		129				
يد 30		80		130				
31		81		131				
32		82		132				
33	 	83		133				
34	╂╫┼┼┼┼┼	84		134				
35	╅╫╫╇╇┩	85 86	 	135				
37	╂╫╇╫┼┼	87	++++	136	++++			
38	╂═╅╌╂╶╂╶╂╶┩ ╷╴┞╾	88		138	++++			
39	╏╏╏╏	89	 	139	- - - - - - - - - - - - - - - - - - - 			
40	┤┝ ╅┈┼┼┤┤	90	 	140	 			
	┤┤┼┝┝┼┤ │├	91	 	141	- - - - 			
421	┼┼┾┝ ┼┼┤	92	++++	142	- - - - -			
43	┤┤╡ ┼┤┤	93	++++	143	- - - - 			
44	 - - - - - -	94		144	 			
45	┪╒╋┋ ┪	95	 - - - 	145	- - - - - - - - - - - - - - - - - - - 			
46	 	96	 	146	- 			
47		97		147				
48		98		148				
49		99		149				
50		100		150				

EST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here